

# **How to Understand Your Dental Claim Payment Statement**

**MetLife<sup>®</sup>**

**MetLife****Explanation of Dental Benefits**

GROUP # 12345 1. ABC, INC. 2. CLAIM YEAR: 1998 3.

This is not a bill. It is an explanation of how MetLife computed the payment for your recent dental services.

EMPLOYEE'S NAME EMPLOYEE'S I.D. NUMBER SERVICES RENDERED BY  
 JOHN SMITH 4. 123456789 5. DR. CLEAN TEETH DDS 6.  
 PATIENT'S NAME/RELATIONSHIP DATE PROCESSED FILE REFERENCE  
 PETER DEPENDENT 7. FEBRUARY 16, 1998 8. 70404092889 8 9.

10.	11.	12.	13.	14.	15.	16.	17.
DATE SERVICE PERFORMED	TOOTH # / AREA	PROCEDURE CODE	FEE CHARGED	PDP FEE (If Applicable)	COVERED EXPENSE	PLAN BENEFIT	DESCRIPTION OF SERVICE/ COMMENTS
02/10/98	14	02792	475.00	412.00	412.00	50% 181.00	CROWN
02/10/98	04	07110	100.00	47.00	47.00	80% 37.60	\$50.00 APPLIED TO DEDUCTIBLE SINGLE TOOTH EXTRACTION
TOTALS			575.00	459.00	459.00	243.60	18.

YOUR GROUP PARTICIPATES IN METLIFE'S PREFERRED DENTIST PROGRAM (PDP). AS A PARTICIPATING PDP PROVIDER, YOUR DENTIST HAS AGREED TO ACCEPT A MAXIMUM ALLOWABLE CHARGE FOR EACH SERVICE. THIS "PDP FEE" IS TYPICALLY LESS THAN THE NORMAL "FEE CHARGED" BY THE DENTIST AND YOU SHOULD BE BILLED ONLY THE DIFFERENCE BETWEEN THE "PDP FEE" FOR ACTUAL SERVICES PROVIDED AND YOUR "PLAN BENEFIT". 19.

YOU SAVED \$116.00 BY UTILIZING A DENTIST THAT PARTICIPATES IN THE PDP. 20.

TO RECEIVE A CURRENT LISTING OF PDP DENTISTS IN YOUR ZIP CODE CALL 1-800-474-PDP1 OR ACCESS METLIFE AT [www.metlife.com/dental](http://www.metlife.com/dental).

\$243.60 PAID TO DR. CLEAN TEETH DDS 21.  
 YOUR OUT-OF-POCKET EXPENSE IS \$215.40

TO DATE, \$243.60 HAS BEEN PAID TOWARDS THE CALENDAR YEAR MAXIMUM OF \$1,500.00 22.

IF YOU HAVE QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE CALL 1-800-942-0854. 23.

If benefits are denied in whole or part, see "Notice to Employee" on reverse side.  
**Please save this statement for your tax records.**  
 K5836A (02/98)

**METROPOLITAN LIFE INS. CO**  
P.O. BOX 14093  
LEXINGTON KY 40512 - 4093

24.

JOHN SMITH  
 ONE MADISON AVENUE  
 NEW YORK, NY 10010

## **Understanding Your Explanation of Dental Benefits Statement**

1. **Group #** – The group number used by MetLife to identify your employer.
2. **Benefit Plan Name** – Identifies the name of your employer's benefit program.
3. **Claim Year** – The year in which the listed dental services were rendered.
4. **Employee's Name** – Self explanatory.
5. **Employee's I.D. Number** – The number the plan uses to identify the employee.
6. **Services Rendered By** – The dentist or dental practice that performed the listed services.
7. **Patient's Name/Relationship** – Lists the name of the family member who received dental services. If the claim is for the employee, the relationship is listed as self. If the claim is for another family member, the relationship is listed as dependent.
8. **Date Processed** – The date your claim was processed.
9. **File Reference** – The number assigned to identify each specific claim.
10. **Date Service Performed** – Lists the date(s) service(s) were rendered.
11. **Tooth #/Area** – Indicates the tooth or area on which treatment was performed (if applicable).
12. **Procedure Code** – The American Dental Association code that describes the treatment rendered.
13. **Fee Charged** – The amount charged by the dentist for each procedure.
14. **PDP Fee (If Applicable)** – The negotiated fee that PDP dentists in your area have agreed to accept as payment-in-full for services provided to PDP participants. Your out-of-pocket expense should never be more than the difference between this amount and the plan benefit.
15. **Covered Expense** – The maximum allowable amount that your plan will consider for this service.
16. **Plan Benefit** – The percentage at which the covered expense is payable and the calculated dollar amount.
17. **Description of Service/Comments** – A brief description of the service provided. Short comments, such as "\$50.00 Applied to Deductible," appear here. Longer comments will appear below item 22.
18. **Totals** – Total fees charged, applicable PDP fee, covered expenses, and plan benefits for all services rendered.
19. **Description of PDP** – If your employer participates in the MetLife Preferred Dentist Program, this section explains your responsibilities for payment.
20. **PDP Savings** – Shows your actual savings (or potential savings) when using a participating PDP dentist.
21. **Amount/Payee** – Indicates payee name and dollar amount. If payment is made to the patient, the check is attached at the bottom of the statement.  
  
An employee's out-of-pocket expense equals the "PDP Fee" minus the "Plan Benefit" when a PDP dentist is used, or the "Fee Charged" minus the "Plan Benefit" when using a non-PDP dentist.
22. **Describes year-to-date cumulative benefits relative to your plan's calendar year maximum.**
23. **Customer Service** – MetLife's toll-free customer service number for questions or inquiries about your dental benefits. The number is in operation from 8 a.m. - 8 p.m. Monday - Thursday in all time zones, and 8 a.m. - 5 p.m. on Fridays.
24. **MetLife Claims Address** – The address to submit all MetLife dental claim and correspondence.

